



South Coast Air Quality Management District
P. O. Box 4944
Diamond Bar, CA 91765
Attn: Permit Services - Data Entry

REQUEST TO INACTIVATE A PERMIT TO OPERATE

PERMIT ISSUED TO:

1. Current Facility ID: _____
 2. Company Name: _____
 3. Company Address: _____
 4. Permit Number: _____ Date Issued: _____
- Equipment Description: _____

Reason for Inactivation:

Cancellation to the Permit to Operate Described above is hereby requested for the following reason:

- ☐ Equipment sold, destroyed or removed from premises.
- ☐ Equipment replaced with (New Permit Number): _____
- ☐ Equipment will no longer be used.
- ☐ Equipment is exempt from permit requirements by AQMD Rule 219.
- ☐ Other (explain): _____

It is understood that any future use of this equipment may require a new permit application in accordance with the laws then in effect.

Required Signatures:

_____ Signature of Responsible Official of Organization	_____ Date
_____ Printed Name of Responsible Official of Organization	_____ Date
_____ Signature of AQMD Inspector	_____ Date